

Senate Bill 302

By: Senators Martin of the 9th, Burke of the 11th, Unterman of the 45th, Watson of the 1st and Parent of the 42nd

A BILL TO BE ENTITLED  
AN ACT

1 To amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to  
2 require health carriers to maintain accurate provider directories; to provide for definitions;  
3 to provide for electronic and printed provider directories; to require certain information in  
4 provider directories; to grant enforcement authority to the Commissioner; to provide for  
5 related matters; to repeal conflicting laws; and for other purposes.

6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

7 **SECTION 1.**

8 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended by  
9 adding a new chapter to read as follows:

10 "CHAPTER 20C

11 33-20C-1.

12 As used in this chapter, the term:

13 (1) 'Covered person' means a policyholder, subscriber, enrollee or other individual  
14 participating in a health benefit plan.

15 (2) 'Facility' means an institution providing physical, mental, or behavioral health care  
16 services or a health care setting, including, but not limited to, hospitals; licensed inpatient  
17 centers; ambulatory surgical centers; skilled nursing facilities; residential treatment  
18 centers; diagnostic, treatment, or rehabilitation centers; imaging centers; and  
19 rehabilitation and other therapeutic health settings.

20 (3) 'Health benefit plan' means a policy, contract, certificate, or agreement entered into,  
21 offered by, or issued by a health carrier to provide, deliver, arrange for, pay for, or  
22 reimburse any of the costs of health care services.

23 (4) 'Health care professional' means any physician, dentist, podiatrist, pharmacist,  
24 optometrist, psychologist, clinical social worker, advanced practice registered nurse,  
25 registered optician, licensed professional counselor, physical therapist, marriage and

26 family therapist, chiropractor, athletic trainer qualified pursuant to Code Section 43-5-8,  
 27 occupational therapist, speech language pathologist, audiologist, dietitian, or physician  
 28 assistant.

29 (5) 'Health care provider' or 'provider' means a health care professional, a hospital, or a  
 30 facility other than a hospital.

31 (6) 'Health carrier' means an entity subject to the insurance laws and regulations of this  
 32 state that contracts, offers to contract, or enters into an agreement to provide, deliver,  
 33 arrange for, pay for, or reimburse any of the costs of health care services, including a  
 34 fraternal benefit society, hospital service corporation, medical service corporation, health  
 35 care corporation, health maintenance organization, managed care plan other than a dental  
 36 plan, or any similar entity authorized to issue contracts under this title.

37 (7) 'Network' means the group or groups of participating health care providers providing  
 38 services under a network plan.

39 (8) 'Network plan' means a health benefit plan that either requires a covered person to  
 40 use health care providers managed by, owned by, under contract with, or employed by  
 41 the health carrier or that creates incentives, including financial incentives, for a covered  
 42 person to use such health care providers.

43 33-20C-2.

44 (a)(1) A health carrier shall post on its website a current and accurate electronic provider  
 45 directory for each of its network plans with the information described in Code Section  
 46 33-20C-4. Such online provider directory shall be easily accessible in a standardized,  
 47 downloadable, and machine readable format.

48 (2) In making the provider directory available online, the health carrier shall ensure that  
 49 the general public is able to view all of the current providers for a network plan through  
 50 a clearly identifiable link or tab and without creating or accessing an account or entering  
 51 a policy or contract number.

52 (3) The health carrier shall update each network plan on the online provider directory no  
 53 less than every 30 days.

54 (b) A health carrier shall provide a print copy of a current provider directory, or a print  
 55 copy of the requested directory information, with the information described in Code  
 56 Section 33-20C-5 upon request by a covered person or a prospective covered person.

57 (c) For each network plan, a health carrier shall include in plain language, in both the  
 58 online and print directory, the following general information:

59 (1) A description of the criteria the health carrier has used to build its provider network;

60 (2) If applicable, a description of the criteria the health carrier has used to tier providers;

61 (3) If applicable, how the health carrier designates the different provider tiers or levels,  
62 such as by name, symbols, or grouping, in the network and identifies for each specific  
63 provider in the network in which tier each is placed in order for a covered person or a  
64 prospective covered person to be able to identify the provider tier; and

65 (4) If applicable, a notice that authorization or referral may be required to access some  
66 providers.

67 (d) The health carrier shall make clear for both its online and print directories the provider  
68 directory that applies to each network plan, such as by including the specific name of the  
69 network plan as marketed and issued in this state.

70 (e) The health carrier shall make available through its online and print directories the  
71 source of the information required pursuant to Code Sections 33-20C-4 and 33-20C-5  
72 pertaining to each health care provider and any limitations, if applicable.

73 (f) Provider directories, whether in electronic or print format, shall accommodate the  
74 communication needs of individuals with disabilities and include a link to or information  
75 regarding available assistance for individuals with limited English proficiency.

76 33-20C-3.

77 (a) The health carrier shall include in both its online and print directories a dedicated email  
78 address and telephone number and a link to a webpage that covered persons or the general  
79 public may use to report to the health carrier inaccurate, incomplete, confusing, or  
80 misleading information listed in the provider directory. Whenever a health carrier receives  
81 such a report, it shall promptly investigate such report and no later than 30 days following  
82 receipt of such report either verify the accuracy of the information or update the  
83 information, as applicable.

84 (b)(1) A health carrier shall take appropriate steps to ensure the accuracy of the  
85 information concerning each provider listed in the carrier's provider directory and shall,  
86 at least annually, review and update the entire provider directory for each network plan  
87 offered. Each calendar year the health carrier shall notify all providers included in the  
88 carrier's provider network of the information the health carrier has in its provider  
89 directory regarding the provider. If the health carrier does not receive a response from  
90 a provider within 30 days of such notification confirming that the information regarding  
91 the provider is current and accurate or, as an alternative, updating any information, the  
92 health carrier shall provide an additional notification. If the health carrier does not  
93 receive a response from a provider within 30 days of the additional notification, the  
94 health carrier shall remove the provider from the provider directory.

95 (2) The health carrier shall notify any provider in its network that has not submitted  
96 claims to the health carrier within a 12 month period. If the health carrier does not

97 receive a response from the provider within 30 days of such notification confirming that  
 98 the information regarding the provider is current and accurate or, as an alternative,  
 99 updating any information, the health carrier shall remove the provider from the provider  
 100 directory.

101 (c) The health carrier shall annually report to the Commissioner, in accordance with  
 102 timeframes and requirements established by the Commissioner:

103 (1) The number of reports received pursuant to subsection (a) of this Code section, the  
 104 timeliness of the carrier's response, and the corrective actions taken; and

105 (2) All auditing reports conducted by the health carrier pursuant to subsection (b) of this  
 106 Code section.

107 (d) In circumstances where the Commissioner finds that a covered person reasonably  
 108 relied upon materially inaccurate, incomplete, or misleading information contained in a  
 109 health carrier's provider directory, the Commissioner may require the health carrier to  
 110 provide coverage for all covered health care services provided to the covered person and  
 111 to reimburse the covered person for any amount beyond what he or she would have paid,  
 112 had the services been delivered by an in-network provider under the health carrier's  
 113 network plan. Prior to requiring reimbursement in these circumstances, the Commissioner  
 114 shall conclude that the services received by the health carrier were covered services under  
 115 the covered person's network plan. In such circumstances, the fact that the services were  
 116 rendered or delivered by a noncontracting or out-of-network provider shall not be used as  
 117 a basis to deny reimbursement to the covered person.

118 33-20C-4.

119 The health carrier shall make available through an online provider directory, for each  
 120 network plan, the following information, in a searchable format:

121 (1) For health care professionals:

122 (A) Name;

123 (B) Gender;

124 (C) Contact information;

125 (D) Participating office location or locations;

126 (E) Specialty, if applicable;

127 (F) Board certifications;

128 (G) Medical group affiliations, if applicable;

129 (H) Facility affiliations, if applicable;

130 (I) Participating facility affiliations, if applicable;

131 (J) Languages spoken other than English by the health care professional or clinical  
 132 staff, if applicable; and

133 (K) Whether they are accepting new patients;

134 (2) For hospitals:

135 (A) Hospital name;

136 (B) Hospital type, such as acute, rehabilitation, children's, or cancer;

137 (C) Participating hospital location;

138 (D) Hospital accreditation status; and

139 (E) Telephone number; and

140 (3) For facilities other than hospitals:

141 (A) Facility name;

142 (B) Facility type;

143 (C) Types of services performed;

144 (D) Participating facility location or locations; and

145 (E) Telephone number.

146 33-20C-5.

147 (a) The health carrier shall make available in print, upon request, the following provider  
148 directory information for the applicable network plan:

149 (1) For health care professionals:

150 (A) Name;

151 (B) Contact information;

152 (C) Participating office location or locations;

153 (D) Specialty, if applicable;

154 (E) Languages spoken other than English, if applicable; and

155 (F) Whether accepting new patients;

156 (2) For hospitals:

157 (A) Hospital name;

158 (B) Hospital type, such as acute, rehabilitation, children's, or cancer; and

159 (C) Participating hospital location and telephone number; and

160 (3) For facilities other than hospitals:

161 (A) Facility name;

162 (B) Facility type;

163 (C) Types of services performed; and

164 (D) Participating facility location or locations and telephone number.

165 (b) The health carrier shall include a disclosure in the print directory that the information  
166 in subsection (a) of this Code section and included in the directory is accurate as of the date  
167 of printing and that covered persons or prospective covered persons should consult the

168 carrier's electronic provider directory on its website or call a specified customer service  
169 telephone number to obtain current provider directory information.

170 33-20C-6.

171 The Commissioner is authorized to enforce this part and, in doing so, to exercise the  
172 powers granted to the Commissioner by Code Section 33-2-24 and any other provisions of  
173 this title."

174 **SECTION 2.**

175 All laws and parts of laws in conflict with this Act are repealed.